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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 23 1997 8:00am  
Secretary of State

DOCUMENT # P95000010296 (8)

1. Corporation Name  
JOHNIDASON INC

Principal Place of Business

4430 WALLACE AVENUE  
TAMPA FL 33611

Mailing Address

4430 WALLACE AVENUE  
TAMPA FL 33611-5644

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

06/17/1996

2. Principal Place of Business

21 2823 LAKE SAXON DR

Suite, Apt. #, etc.

City & State

23 LAND O LAKES

Zip

24 34639

Country

25 FLORIDA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

28 LAND O LAKES

Zip

29 SAME

Country

30 SAME

4. FEI Number

APPLIED FOR -5

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, JAMES  
2823 LAKE SAXON DR  
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SMITH, JAMES  
STREET ADDRESS 2823 LAKE SAXON DR  
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*165.00

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6-23

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>JOHNIDASON INC</b>				
	2 Trade name of business, if different from name in line 1 <b>JOHNIDASON INC</b>		3 Executor, trustee, "care of" name		
	4a Mailing address (street address) (room, apt., or suite no.) <b>2823 LAKE Saxon DR</b>		5a Business address, if different from address in lines 4a and 4b		
	4b City, state, and ZIP code <b>LAKE O LAKES, FL 34639</b>		5b City, state, and ZIP code		
	6 County and state where principal business is located <b>HILLSBORO, FL</b>				
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>JAMES W. SMITH</b> <b>267-92-4753</b>				
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) <b>"C"</b> <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Farmers' cooperative				
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ <b>FL</b>		State <b>FL</b> Foreign country			
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____					
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>01-01-96</b>		11 Enter closing month of accounting year. (See instructions.) <b>Dec</b>			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ <b>N/A</b>					
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0". . . . . ▶ <b>0</b>		Nonagricultural <b>0</b> Agricultural <b>0</b> Household <b>0</b>			
14 Principal activity (See instructions.) ▶ <b>CONSTRUCTION</b>					
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶					
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Trade name ▶					
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code)					
Name and title (Please type or print clearly.) ▶ <b>JAMES W. SMITH</b>		<b>1-813 996-7169</b>			
Signature ▶ <b>JAMES W. SMITH</b>		Date ▶ <b>5-19-97</b>			
Note: Do not write below this line. For official use only.					
Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying